

STATE OF MARYLAND FOR - STATE

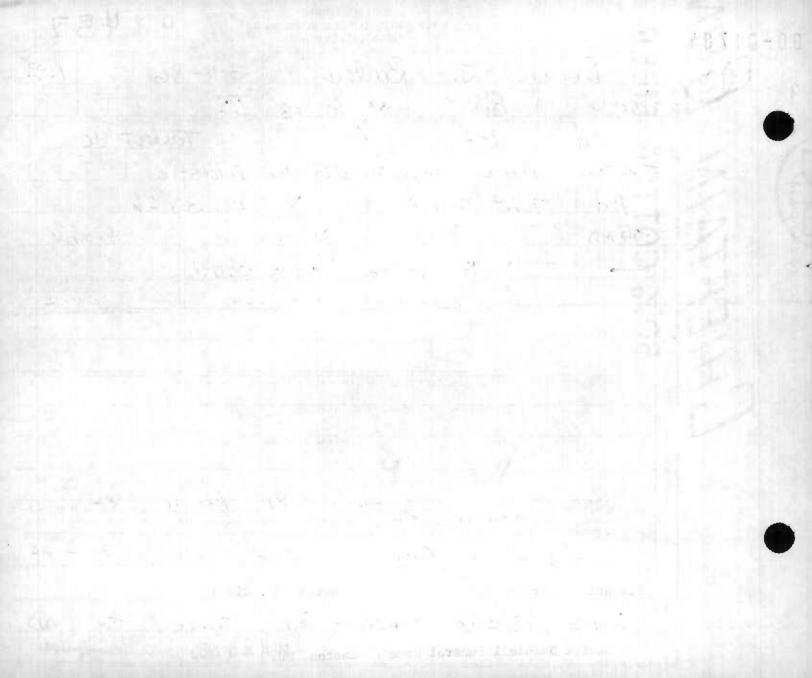
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
1		CEASED NAME FIRST	MIDDLE	Q : 0	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
0	1.5E	Darca	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
-	1	emala	BIK	MONTH YEAR YEAR	72	MONTHS DATS HOURS MIN.
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MPORTANT		Stephen P. Car		Easton, Md	. 21601	
<u> </u>		BURIAL, CREMATION, REMOVAL (SPECIFY) RUNGS	3/15/86 P	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN TROUBLE	COUNTY STATE
7/84	24 FI	UNERAL DIRECTOR NAME George Bas	shiell Funeral Hon		R 26 1986	25h REGISTRAN'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

IMPORTANT: If Hem 23 is



DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

Greensboro.

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26 HOUR

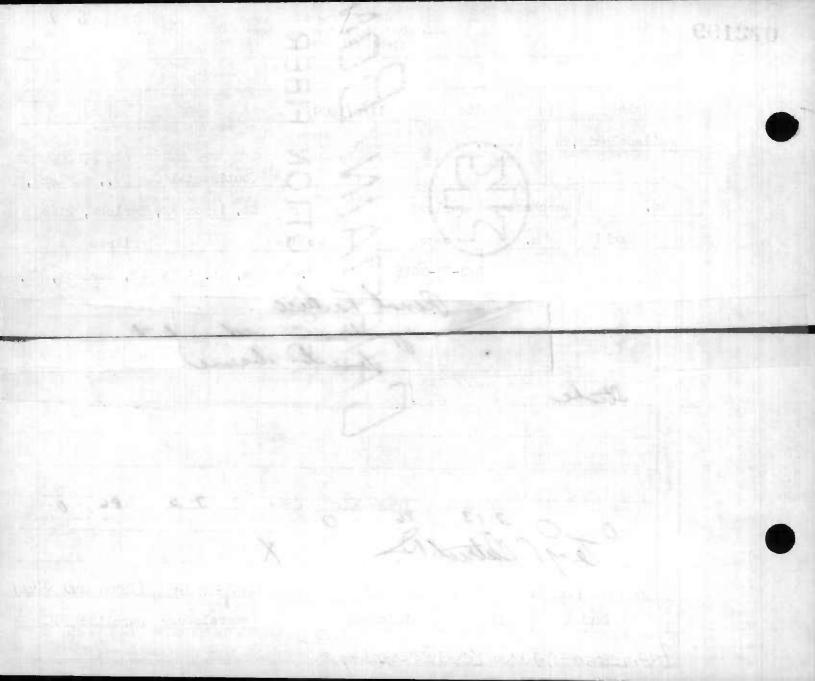
Home

STATE

MD

MARY BAYNARD MARCH 8 1980 9 # TRIBOT Memorial Hospiac

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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECT	OR A		Box 43 FE		2163 2 250 DAT	E REC'D. BY REGISTRAL	256 REGISTRAR'S SIC	NATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE 070005 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME PE OR PRINT FRANCES MONTH YEAR emale caucasian Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE ESTATE OR FOREIGN MARRIED NEVER MARRIED Maryland USA TALBOI WIDOWED X DIVORCED | O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Sales Rep. Printing Co. MEMOLIAL HOSPITA JUSUAL RESIDENCE (IF NURSIN 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Cordova Maryland Talbot. NO [X Rt.1Box 31A/21625 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bramble Abbott Francis Homer Anna ADDRESRt.1 Box 31A 160 WAS DECEASED EVER 166 SOCIAL SECURITY NO 17 INFORMANT Cordova, Md. 21625 214-42-8375 Timothy Craig Cannon 18 CAUSE OF DEATH (Enter only one cause per line for ta), (b), and ic PART I. DEATH WAS CAUSED BY NEVECS mos IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1)/(this hospital) attended the deceased from and that in (aur) apinian death accurred an the date and have and fram the causes stated DEGREE 22c DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 226 PHYSICIAN'S NAME (TYPEORITHME 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

William I Kanfield Easton, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY)

Fairview Cemetery

234 LOCATION CITY OF TOWN Cordova

STATE Talbot

24 FUNERAL DIRECTOR Newnam Funeral Home Easton, Md. 21601

3-6-86

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21601

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

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STATE OF MARYLAND

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BP DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certify should be detached for use as the burnal-th with the State Dept. of Health and Mental

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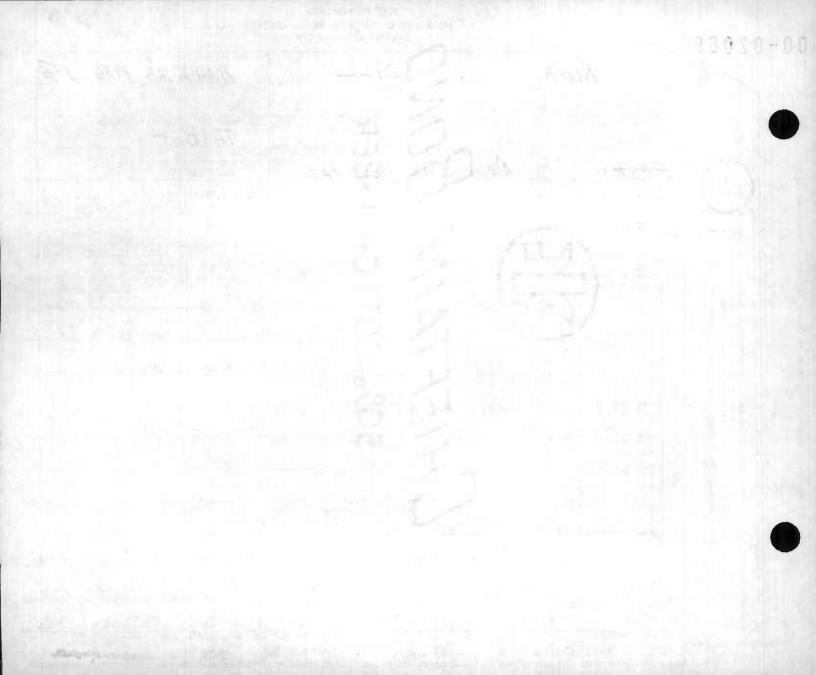
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(VRA 15, 4)

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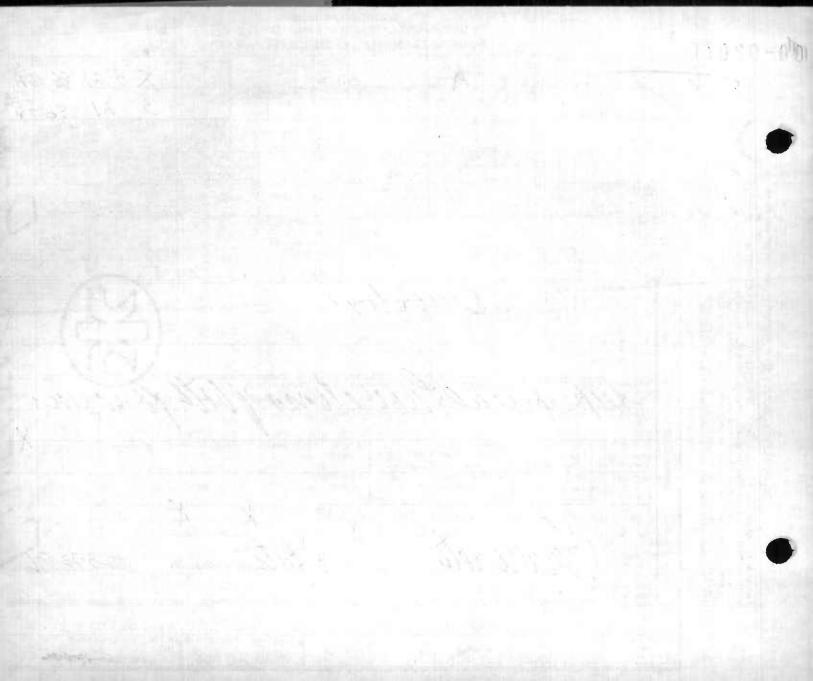


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the property of the property out then and form of rights.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENED - STATE 00-02070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME e DATE KNOWN OF ESTI-IF LINDER 24 HRS & AGE INTERES DATE 25'48 (AST BRINDAY) DAY RONOUNCED female caucasian 6 28 1894 DEAD TO BIRTHPLACE COLATECE LE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEAT MARRIED | NEVER MARRIED | USA Georgia WIDOWED X DIVORCED Talbot IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12s. USUAL OCCUPATION (TITE OF WORK 12s. KIND OF BUSINESS. Easton Memorial Hospital Housewife Easton USUAL RESIDENCE IN INVISING HOME OF OTHER INSTITUTION ON RESIDENCE REPORT ADMISSION 134 STREET ADDRESS IR STATE DE CITY OF TOWN Talbot 201 Federal St./21601 Maryland Easton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Halahan Daniel Bertha Kerr 17 INFORMANT 3210 Pine Needle Lane No. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO (FES. NO. OR LINENDWIN) | (FIRS. GRY WAR OR DATES) 062-28-1318 Barbara E. Adkins John Island, SC 2945 NO IB. CAUSE OF DEATH (Enter only one couse pe APPROXIMATE INTERVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate come (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SCHITCART CHOCKIONS CONCERNITING TO DEATH BUT HOT BELANDED THE TERMINAL DISEASE OR CONTION GIVEN IN PART 1 TO 28 AUTIOPSYT YES: 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY THE HOW INJURY OCCURRED LENGTRINATURE OF BUILDING BUILDING REPART LORDARY 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY CATHORE. TH LOCATION STREET, PACTORY, FARM, ETC.). STREET CITY OF TOWN WHILE NOT WHILE 72s. I certify that 136ok charge of the remains described above, held an death resulted frai Undetermined manner ACTUAL MEDICALEXAMINER SIGNATURE EXAMINER'S NAME R. Lane Wroth, M.D. St. Michaels, Md. TYPE OR PRINT THE BURIAL CREMATION REMOVAL THE DATE 3-26-86 Salisbury Crematory Salisbury Wicomico cremation 07764 24. FLINERAL DIRECTOR DHMH - 17 Newnam Funeral Home Easton, Md. remar Daydoon gandalle (VR A15-WE (51)



(VRA 15, 4)

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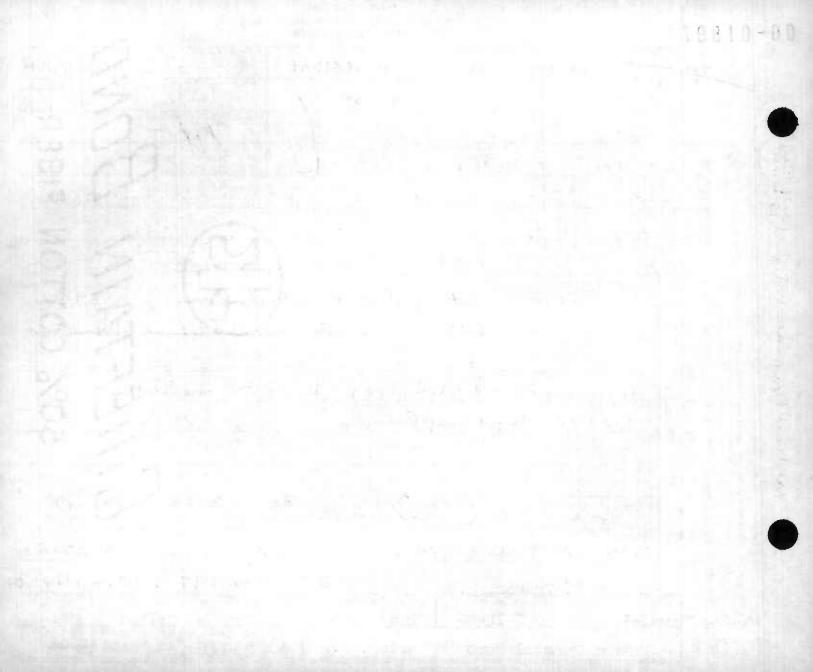
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	FICA	190 DATE OF OPERAT	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPS	-00	Ib. IF YES, W I CERTIFYIN			
	ERTI	210 ACCIDENT WAS UND	DERLYING	21b. TIME O	F IN IURY		21c. HOW INJUR	Y OCCUPRE		IO A	YES [NO [
1		OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH DA			, occount	(EMIER MATOR	E OF HAZOK F HA	IIEM ID PART	OR PART 2)		
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY	19	211 LOCATION				- 1,53	CO. 1.11		
	2	WHILE NOT WH	RK	(AT HOME STR	EET, FACTORY OFFICE F	ARM ETC)	STREET			ITY OR TOWN		COUNTY	5	TATE
		22a.1 certify that (1)	(this hospite	ol) ottended the			2 24 1	9 86	. to	3	6 19	56	that (I) (v	ver lost
		saw the decease above, (1) (we) (o	d olive on	view the body	ofter death.	, or	id that in (my) jour	Topinion de	eath occurred o	n the dote o	and hour on	d from the	couses sto	ted
		22b	0	R) (DEGREE	NDING _	MEDICAL	STAFF		22c. DATE	SIGNED	16.50
-		22d PHYSICIAN SMA	S	PRINT)	Xe V	we	PHYS	SICIAN E	DIRECTOR [PHYSICIAN		3171	86	
		P.GREGG RV	1 11	M.D			503 Dutch		Jame	Face	M.			
-	23a B	SURIAL, CREMATION,		23b DATE	123c N	IAME OF C	EMETERY OR CREA		123d LOCATIO		14 14	א בופנ	31	_
	1	SPECIFY) Burial		Mar. 7	. 1986 S				CITY OR	IOWN		YINU		TATE
		JNERAL DIRECTOR	Barto	n Funera			ter's Cen	DAJE	REGIA BY REG	ISTRAR 25b.		S SIGNATI	URE S	4.
	Je	mes H. Bar	rton.	Tr.	21617	centr	eville A	nd l	1500 7	THE PARTY	· · · · · · · · · · · · · · · · · · ·	OF THE PERSON	43	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottend should be detached far use as the burial-transit permit. Then please remave can with the State Dept. of Health and Mental Hygiene priar to burial, crematian, a IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traum

OR ATTENDING PHYSICIAN. The

TO HOSPITAL OR ATTENDIN

BP.

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71.6		1. DEC	EASED NAME FIE	ST	EWNAM	LAST		20 DATE OF DEATH MONTH	7 19
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ge 4 mg ector, p		2 SEX	EWALE	CAUC		S. DATE OF MONTH	H 16, 1914		MONTHS DAYS HOURS MIN
a Political	50		THPLACE LATE OR FOREK	76. CITIZEN C	F WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
1 133	0		MARYLAND	U.S		WIDOWED		lalbo	
# 1 m	8		Easton		STON MESTING			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SALES HIGGINS	126. KIND OF BUSINESS C INDUSTRY SPENCER FURNIT
24 hours	5	USUA 130 S	AL RESIDENCE (# NURSING F TATE 13b	OME OR OTHER INSTITUTION COUNTY	2 0 0	ADMISSION)	BE INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP (
1 11	-		THER'S NAME				MOTHER'S MAIDEN NA	AE	1)01/2//
1 100	00	1000	CEORCE	NEWNAM	LAST	JF-5/4	FIRST	LIAN MENDELL	LAST
9 0 1	00		AS DECEASED EVER IN L	S. ARMED FORCES		RITY NO. 1	7 INFORMANT	ADDRESS	
1	Dou /		ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES	220-12-6	503	HELEN ANNE D	EAN P.O. BOX 3	95 19970
W - V			18 CAUSE OF DEATH (E	nter anly are cause	per line for (a), (b), and	dic		OCHAN VIEW	DEL APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
of by the of dense removed, crematic	or other from		Canditians, if any, when gave rise to immedicause (a), stating underlying cause le	the DUE TO	or as a conseque	ence of	NDETERN		
0 5 5	day.	NOI	PART 2 OTHER SIGNIFIC	ant conditions	CONTRIBUTING TO E	DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART I (a
0 012			190 DATE OF OPERATION	196 CON	NDITION FOR WHICH	OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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the The law requirements for the property of t	T Town on	CERTIFICA	210. ACCIDENT WAS UNDERLY	- MONE	A.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
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Bittal, CR ATTENDENCE PHYSICIAL by the heapthol or athending physicial DRECTOR, when the bunden detached for our or the bunden Store Dept. of Health and Mental	ORIANI, if them 21 is marked on them to allows only	AL CERT	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED NOT WHILE AT WORK 226.1 certify that (1) (this saw the decessed and shove the decessed of shove the decessed of shove the decessed of th	E OF DEATH AMMINER) 21e PLA((AT HOME s haspital) attended live an	A.M. MONTH DAPP.M. CE OF INJURY STREET, FACTORY, OFFICE, F the deceased from	AY YEAR 19 ARM ETC) and	That in (my) (aur) apinian ATTENDING PHYSICIAN [CITY OR TOWN	COUNTY STATE 19, that (I) (we) Is d have and from the causes stated 22c DATE SIGNED 366
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		FOR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HENE 8 6	0 9 4 7 4
00-02254	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	
2 7 E	(TYPE	Albert		Gerardi	13	21 86 825
1 6 60	3. SEX		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER I YEAR # UNDER 24 HRS
2 1 et /		Male	White	9 23 1926	59	YRS DAYS HOURS MIN.
是 专至 /4//		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
1 15 75 10		elaware	USA	WIDOWED DIVORCED	Talbot	- COUNTY MO.
. 11178	10. CI	Easton	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	Stone Owner
8 5 6 7	USÜ	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	EMORIAL ADMISSION)		21632
2 MAD 2	13a S	ryland Caro	TY 13c. CITY OR TOW	I Sbutges (NO)		ad, Fed., Md.
E I IE A	IA FA	THER'S NAME FIRST.	WIDDLELAST	15. MOTHER'S MAIDEN NA		LAST
W 2 11/100	1	Louis	Gerar	di, Sr. Christ	tina	Perrone
A S S S S S S S S S S S S S S S S S S S		VAS DECEASED EVER IN U.S. ARA			ADDRESS	
BALTIMORE Lite be executed by the control of the c	Y	ES NO OR UNKNOWN) (IF YES GIVE	11 221-12	-5872 Mrs. Peggy	y Gerardi L	iberty Rd.
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DS. 20 ports plent ple liery. or	N.C	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
NA RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \)
OF VITA CLAN. 1 physic phys		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19 21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART ?)
DIVISION OF VIT NG PHTSCIAN of the dead of the confliction in the build from the and Mental Hyp orked go from 18 y	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
0 4 1 5		22a I certify that (I) (this hospit	ral) attended the deceased from_		, to	, that (f) (we) last
#1 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sawAthe deceased alive on	Vivou the Made after death	and that in (my) (aur) apinion	death occurred on the date	and have and from the causes stated
O HOSP A Careloined TO FUNERAL DIES		22d PHYSICIAN'S NAME (TYPE O	Chele	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/H
oined oiled the		James Gieske	e, M.D.	Easton, Me	d. 260 21601	
10 TO Show		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION TO PRIVATION CAT	colinanty, Md. STATE
BP		ürial	3 24 86 Hi			
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME Williams	son Funeral Home	Federalsburg, MA	R 3 1 1986	REGISTRAR'S SIGNATURE

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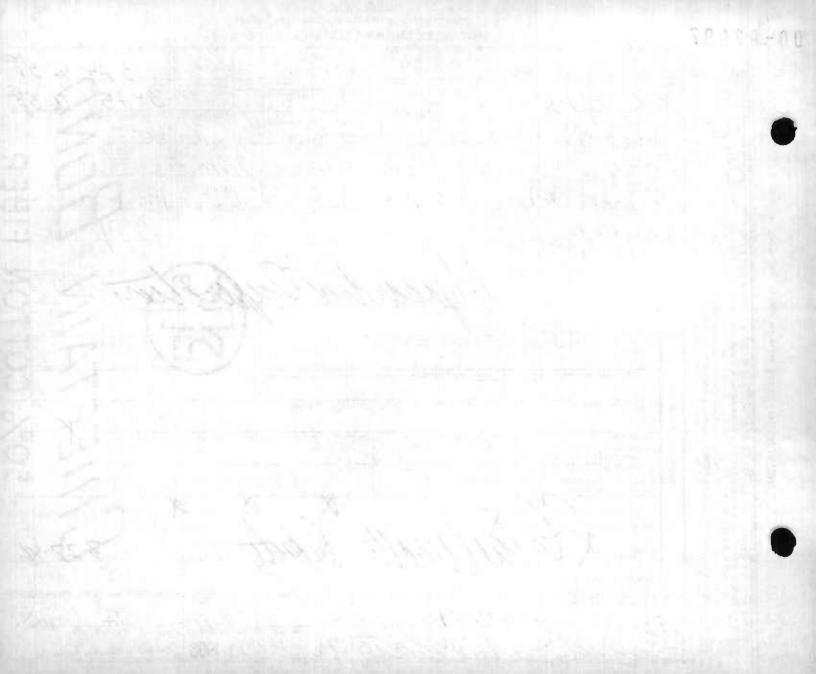
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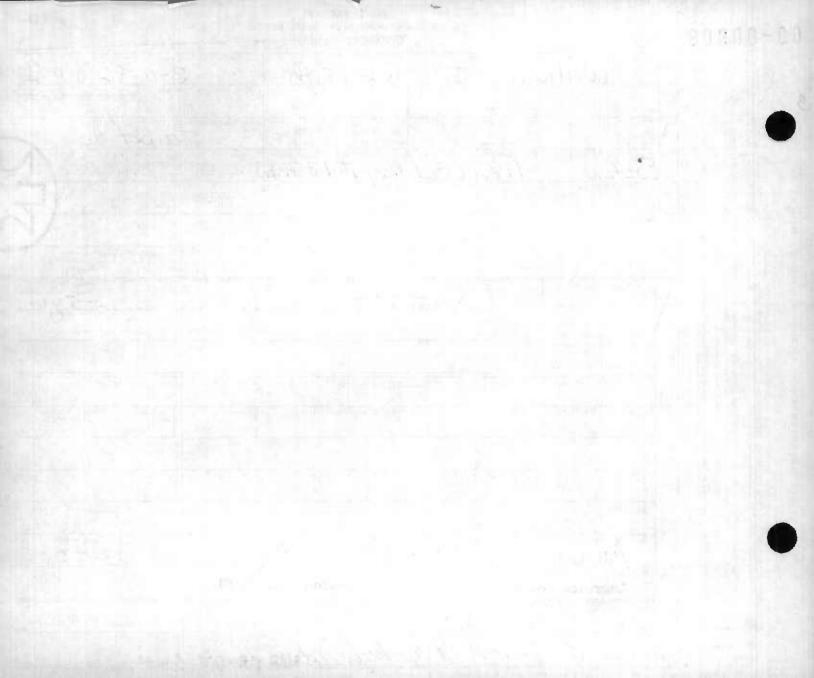
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- 118 6-07	1-	FOR STATE		EALTH AND MENTAL	A 4	3 -1
000000000000000000000000000000000000000		REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE	OF DEATH REG. NO.	
		EASED NAME PROT	WDGH,	IAST		MONTH DAY YEAR 26 HOUR
Made	100	Lawrence	9	Green	OF ESTI-	3 25 108/ 3 PM
PLEASE ECTOR. R FILES. STREET,	3.553			IF UNDER LYR. HE UNDER	R 24 HRS. It. DATE	MONTH DAY YEAR 12 HOUSE
E SH FE	4	11 101-11	OH DAT YEAR LAST BROWDAY		MN PRONOUNCED 2	-75 0/242
CONST.	11	MY DIGCK O	9 06 1914 /118		DEAD J	07 1000 JPM
BARELLA	7m. 85	RTHPLACE (STATEON / PL. CI	TIZEN OF WHAT COUNTRY?	MARRIED NEVER MARK	HED SALTIMORE CITY OR	COUNTY OF DEATH
日本を	1	Karyland 6	1.5 14	WIDOWED A DIVORG	CED [10/00	T MD
10 m / H / H / S	MC		AME OF HOSPITAL NURSING HOME.	OR OTHER INSTITUTION	174 USUAL OCCUPATION INFO	WORK 176 KIND OF BUSINESS
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8 292307		TATE / TIN COUNTY	/ INCCOLOR TOWN	134. DISIDE CITY LIMITST	IN STREET ADDRESS POO	· +/6/5
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2 30000000	V 8	amuel	Concene	Laur	a	Vagns
N N N N N	Ide. V	VAS DECEASED EVER IN U.S. ARMED FO	DRCES? THE SOCIAL SECURITY	NO. IT INFORMANT	ADDRESS	
URS AFTER GIVE PA WITH FOR WITH FOR T PAGES 1 DIVISION		N/A WIA	- //	BETTL	to Osman	
NO ESS		19 CAUSE OF DEATH (Enterobilly one)	A.A.	1. 10	1 miles	APPROXIMATE INTERESE
		PART I DEATH WAS CAUSED BY	IVIIIA AAL	11/1/1/1/	11806 6/11	A MIWEN ONSET AND DEATH
ESTON ST IN 24 HO IN ITEM I ALONG SET PERM HYGIENE MOVAL	-	IMMEDIATE CAL		WWW KI	govern	4
PRESTO THIN 2 CIC IN II AER ALC AL HYG REMOV		Conditions, if any, which	DUE TO, OR AN CONSEQUENCE OF			The second second
		gave rise to immediate	(b)/		The state of the s	
ZOT W. JTED WI IN PENCENAIN SACHTRANEL TRANEL TRAN	100	couse (a) stating the under lying cause fast.	DUE TO, OR AS A CONSEQUENCE OF			THE RESERVE AND ADDRESS OF THE PARTY OF THE
ECORDS, 201 BIE EXECUTE ENDING: IN WEDICAL EX AS A BURIAL ALTH AND M CREMATION		David consecution	16			
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TTAL RECORDS HOULD BE EXE IND "PENDING" VIEW MEDICAL USED AS A BU OF HEALTH AN JRIAL, CREMAT	Z		A CONTRACTOR OF THE STATE OF TH			
# 98×420+	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		28 AUTOPSY?
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> 000 000 000	E	THE EXTERNAL CAUSE WAS	216. TIME OF INJURY	Tac desira di ad activisti		YES NO 🖸
TO SAFE OF TORREST OF		UNDERLYING OR	HOUR AM MONTH DAY YEAR	THE HOW INJURY OCCURR	ED I SALES HET DE CE SHITTET SHITTEN IS PAS	L) OEFMITE
8 E-05-89	3	CONTRIBUTING CAUSE OF DEATH				
DEVISION OF SCRIFFCATE RETING THE W ROBD TO THE ESE 3 SHOULD EDEPARTMEN	MEDICAL	214 INJURY OCCURRED	STREET, FACTORY, FARM, STC.)	ZII LOCATION	CITY OR TOWN	COUNTY STATE
DIVISIO THIS CERTING E. WRANDED TO PAGE 35H STATE DEPA	2	WHILE ON NOT WHILE O	100000000000000000000000000000000000000		1,111,001,001	Commercy State
年13年の行べ		/ / /		M	X X	
EXAMINEE: CERTIFICATE CERTIFICATE DIRECTOR: WITH THE SAARTLAND.		27s. I certify that I tybis charagibl th	remains described above, held an	Autopsy (A). Inspection	on Inquiry and i	n my opinion
THE WATER		death resulted from Natural cour	es Accident Lyl. Sug	ag Hymidde	Adetermined manner	
A WELGE		ACTUAL K. MA	11.1/1/1/11	MAN SANDA	1	77771
SHOULD SHOULD SHOULD SEAL DIR EAT, WILL DIR EATH, W		SIGNATURE .	1411/1/1900	_MD/XL/XL	A MEDICAL EXAMINER	SIGNED 26/86
MEDICAL CUTE THE SE 4 SHO FUNERAL FIRODEATH	-	EXAMINER'S NAME	CO / CO	" /)	
		(TYPE OR PRINT)		ADDRESS		
52454	73u.8	JRIAL CREMATION, REMOVAL TIL DA	TE THE NAME OF CEME	TERY OR CREMATORY	IM LOCATION	COUNTY STATE
07/84 BP	- 1	Burial 37	25-86 Parac	1:58	70000	TA DA
25M	24.9	INERAL DIRECTOR	100	J. USa DATE	REC'D. BY RECASTRAR 1256 REGISTI	RAN'S SIGNATURE
[VR A15 ME (5)]	1	The same of the	3- 19 miles	on my AF	R O 1 1000 Juli	Davidson-Mandales
ALCOHOLD SELECT	-	100g 2 44- (TO	mux y coor	or grey "	. O 1 1000 (Janes)	- Mandridge





STATE OF MARYLAND FOR - STATE CERTIFICATE OF D REGISTRAR

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

5 DATE OF BIRTH MONTH

Oct. 11,

EATH	REG. NO.				
	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	JR
7	2-2	4-	86	12:0	1/
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
903	82 YRS.	MONTHS	DATS	HOURS -	11 AA
		*** ** **			

Female Negro BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? U.S.A. Md.

4. RACE

MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

126 KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewife none

ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Ilo. STATE

Ridgely

Holsinger Lane IS MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE

21660 LAST

FATHER'S NAME John Holmes

O CITY OR TOWN OF DEATH

DECEASED NAME

TYPE OR PRINT

Md

1 SEX

WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO

Mary Matthews 17 INFORMANT

Kathleen Brown

NO X

ADDRESS

IYES, NO OR UNKNOWN) no

PART I. DEATH WAS CAUSED BY:

LIE YES GIVE WAR OR DATEST

IMMEDIATE CAUSE 10

Caroline

219-01-7314 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

Fibr. Ilaha

Ridgely, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost

19g DATE OF OPERATION

DUE TO OR AS A CONSEQUENCE OF anterios lestec DUE TO, OR AS A CONSEQUENCE OF

Carlos us sula D'run

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

_				
210.	ACCIDENT V	VAS UND	ERLYING	

216 TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? NOT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR

200 AUTOPSY?

NOT WHILE

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)

21f LOCATION

CITY OR TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED

sow the deceased alive an O 2 V
above, (I) (wa) take (did not) view the body after death.

22a I certify that (1) (this hospital) attended the deceased from

23b. DATE

DEGREE

Union Cemetery

22e ADDRESS

EDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

STAFF

and that in (my) (and opinion death occurred an the date and hour and fram the causes stated

230 BURIAL CREMATION, REMOVAL

John E. Boulais

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

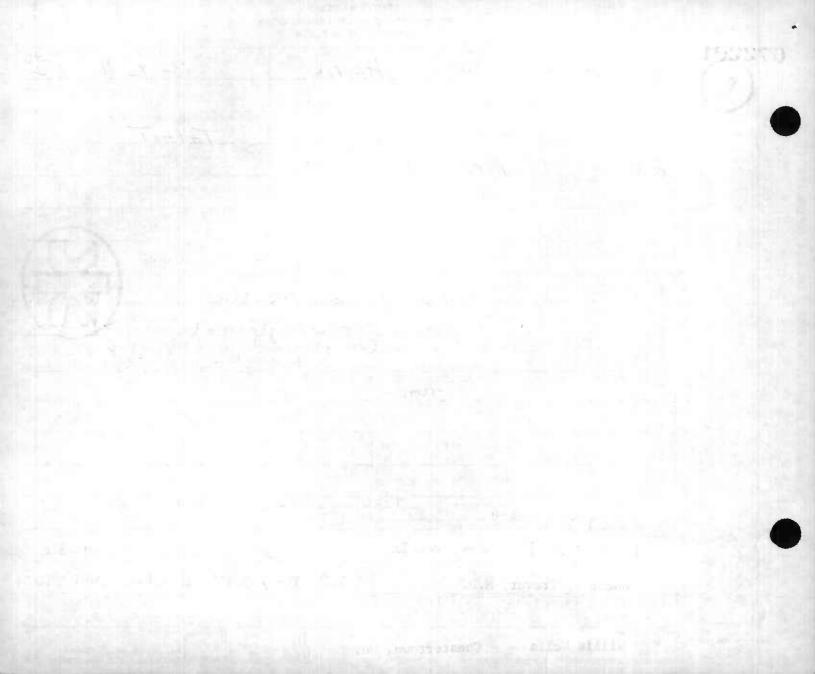
3-27-86

Greensboro, Md. 21639

Goldsboro COUSTRAR 256 REGISTRAR'S SICHATURE

Caroline

16	1	FOR STATE REGISTRAR HARRI		STATE OF MARYLA MENT OF HEALTH AND I CERTIFICATE OF D	MENTAL HYGIENE	3 6 ()	9 4	7 8
72201		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE		DAY YEAR 2b.	HOUR 30
	(1)	PEORPRINT) ANNE	JOINER	HACCI	5	3- 4	- 86	5AM
(48)	3.5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (I	IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	INDER 24 HRS
	f	emale	white		906 79	9 YRS	DATE THE	ons Mire.
4 42 8	3/10	INTERPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED 9 BALTIN	AORE CITY OR COUNTY	OF DEATH	
1 12		Maryland	USA		VORCED []	TAlbel		MD.
4 22 4	Z"	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF W	ORK FOR MOST OF WORKING LIF		ISINESS OR
1 11 /1	2	LAI RESIDENCE (IE NURSING HOME OF	ROT III INSTITUTION GIVE RESIDENCE BEFOR)	Home maker		
2 200	130	aryland Ker	NTY 13c. CITY OR TOV	/N 13d. INSIDE C	ITY LIMITS? 130 STREE	T ADDRESS / ZIP CODE		678
100/4	0	ATHER'S NAME FIRST William Jo	MIDDLE LAST		S MAIDEN NAME	S	010	
1 1/1	in 160	WAS DECEASED EVER IN U.S. AL		JRITY NO. 17 INFORMA	<u>Katherir</u>	RIPIDS	5	
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HOSPIT TO FUNES TO FU		Robert W. T		22e ADDRES		77 East	on Md	2160
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24	FUNERAL DIRECTOR NAME Willis Wel	.ls Chestert	own, Md.	250. DATE REC'D. BY	Y REGISTRAR 256. REGIST		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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oy be death	-{TYPE	CEASED NAME Edga			Harrison	3	- 9 86	
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Enster L'Mano In Thomas I Hoge at

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

Newnam Funeral Home

23b. DATE

3-15-86

23g. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

Easton, Md.

23¢ NAME OF CEMETERY OR CREMATORY

Spring Hill Cemetery

23d LOCATION

Easton

Talbot. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b. HOUR

12b. KIND OF BUSINESS OR

BETWEEN ONE AND DEATH

22c. DATE SIGNED

3/13/86

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IF UNDER 1 YEAR

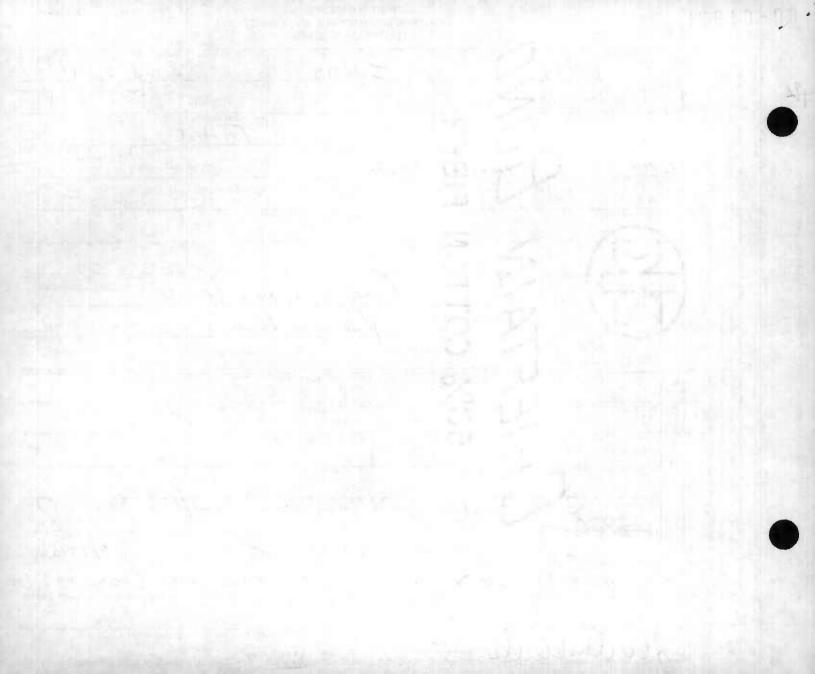
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STATE OF MARYLAND

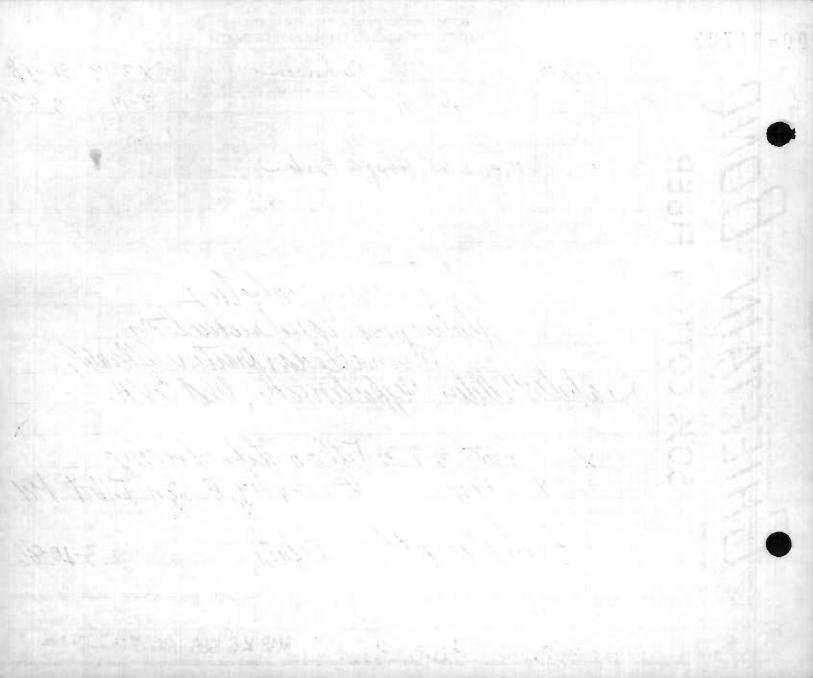
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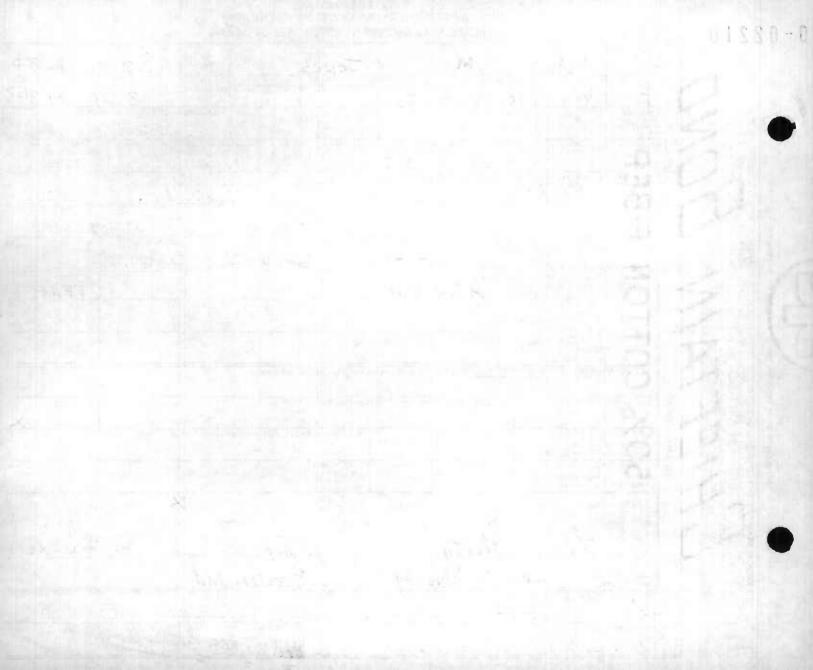


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO 1. DECEASED NAME KNOWN (TYPE OR PRINTI Johnson zetta DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED Black Female 05 DEAD 76 CITIZEN OF WHAT TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mar yland U.S.A. WIDOWED -DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Domestic USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING Maryland Maryland Talbot TES D NO 2 13e STREET ADDRESS Box 619 2160 Easton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Johnson Edwards Roberts Bertie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16k SOCIAL SECURITY NO. I INFORMAN Frederick Deshields 31-10-4998 IE CAUSE OF DEATH (Enter only one course per APPROXIMATE HITERVAL BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if any, which pove rise to immediate cause (a) stating the under TR. AUTOPSYT YES . THE EXTERNAL CAUSE WAS THE TIME OF INJURY 714 INJURY OCCURRED WHILE AT WORK AT WORK 17s. I cortify that I we Autopsy death resulted for Indetermined manner ACTUAL MEDICAL EXAMINER XAMINER'S NAME TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 3/21/1986 Salisbury Crematory Salisbury, Wicomico, Maryland 07/84 24. FUNERADDIRECTOR **DHMH - 17** una Davidson-Mandale (VR A15 ME (5))



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DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORT

24 FUNERAL DIRECTOR

Stanley M. Bysshe, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 04-03-86 Burial

Tom Helfenbein Funeral Home, Chester, MD 21619

23c NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery

23d LOCATION CITY OF TOWN Dorsey

505 Dutchman's Lane,

COUNTY Howard

Easton, MD 21601

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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26 HOUR

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1		STATE OF MARYLAND		
		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6	9 4 8	1
- FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
HEALIN DEPT.		EREASED-NAME First Middle Lost 2a. DATE KNOWN Manth	Day Year	2b. HOUR
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Give Pages 1 th form PM3	3. 5		Yeor 19 86	2d. HOUR 2:36
18. Giv	Aa. caur	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		100
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	10	Easton 1 groven		,
E 0. [9(5)	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN the list institution: Residence before 13c. CITY OR TOWN to the list institution of	7,216	01
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BALTIM executed pending dical ban pone		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO 17. INFORMANT] ADDRESS		
		es, no, or unknown) (If yes give wor or dates of service) 220.32,1768 Edna Hines	100	
N STREET, BA should be exect the word "pend Chief Medical rmit. File poge ony event. With		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE BETWEEN ONSET	
FON ST e should ng the w he Chief permit. in any e		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Artery Heart disease		
PRESTON ificate sh writing th to the (insit perr		DUE TO, OR AS A CONSEQUENCE OF		
PRE Tiffice Writ To To Once		Canditians, if any, which gave rise ta immediate cause (a). Hypertension		
W. cert ote, rded rded		stating the underlying couse \ DUE TO, OR AS A CONSEQUENCE OF		
301 W. PREST This certificate ertificate, writin arwarded to t burial-transit removal, and		lost. (c) Alcoholism		
RECORDS, 301 EXAMINER: Thi execute the certif should be forw used as a bur tentation, or ren	~	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
ORDS MINE the the Id b	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	2D. AUTOPSY	?
L RECC L EXAM execut should cremon	TEIC	WAS PERFORMED?	YES	NO JET
TAL ICAL Se es 4	MEDICAL CER	216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Its	em 18.)	
9 7 7 9 9	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, white Not white Not white factory, office building, etc.)	County	State
VISION O DEPUTY DECESSORY director. for your oge 3 sh			1	
50.0-09		22a. I certify that I took kharge of the remains described abave, held an Autopsy, Inspection _x, Inquiry _x death resulted from Natural causes _x . Accident Suicide, Hamicide Undetermined manner	, ond in my	opinton
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any delay the funer be retaine DIRECTOR:		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER 22b DATE:	SIGNED	
	-	TOTAL MEDICAL MARINE AT	4-3-86	
3.5		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)		
8-42	230	BURIAL CREMATION: 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown)	(County) (St	ate)
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ちゃる 手工 DHMH-17 1/7† 10M	24.	FUNERAL DIRECTOR 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE	002
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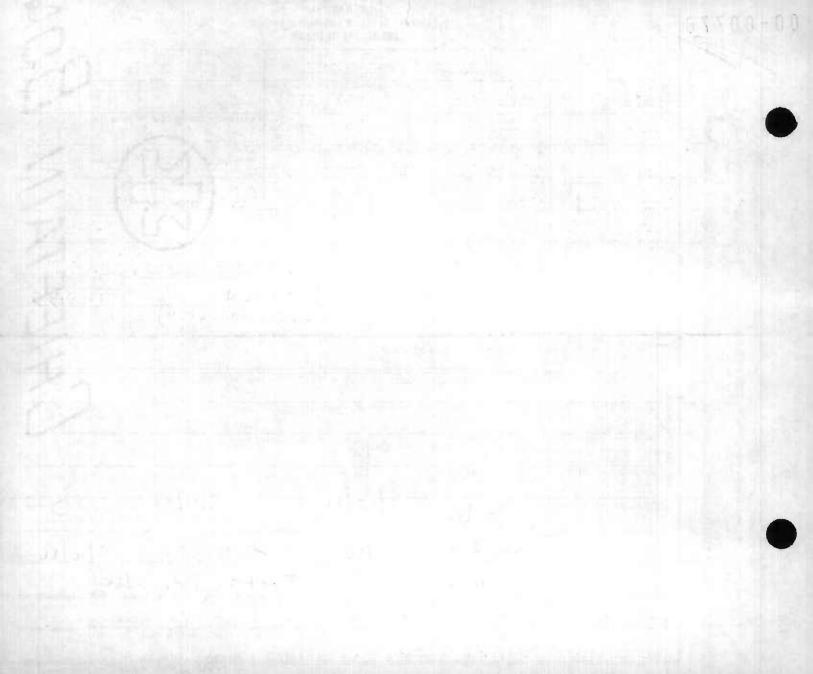
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STATE OF MARYLAND

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER LYEAR

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COUNTY

COUNTY

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

DAYS

HOURS

12b. KIND OF BUSINESS OR

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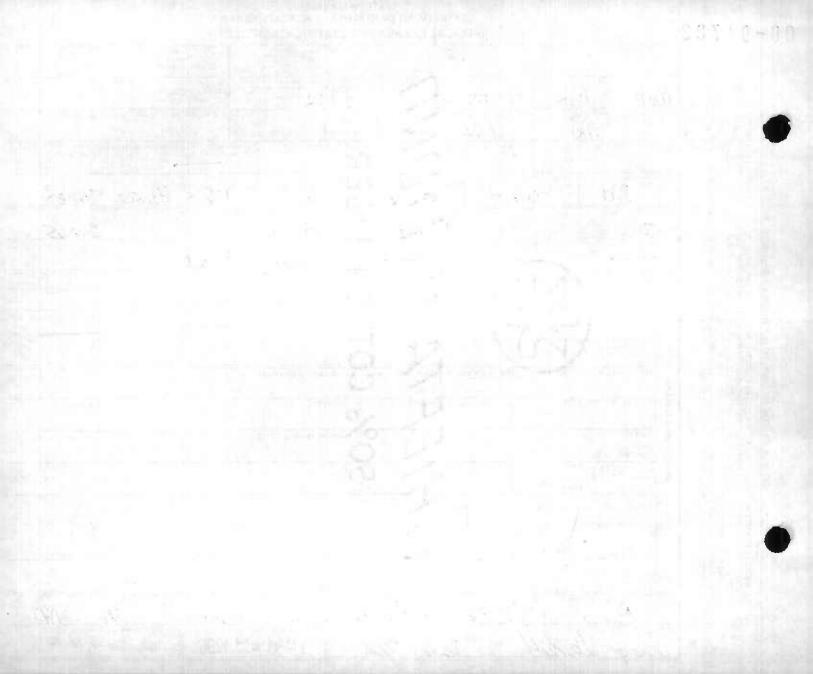
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	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE)	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS		R 24 HRS 2c. DATE	MONTH	DAY YEAR	2d. HOUR
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	A SEPATE		Easton	Memorial	Hospital					
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` ≥	ON THE WAR		cause (o) stoting the under		ONSEQUENCE OF					
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		(THE ORTRIVE)			ADDRESS			2120	
	FW0. F<0	23a.B	URIAL, CREMATION, REMOVAL		NAME OF CEME	TERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	JY ST	ATE
07/84 25M	BP		SINTIA	3/15/86	Kicharo	Eon Cem	Easton	H		D
ZOM	DHMH - 17	24. FU	UNERAL DIRECTOR	AODRESS 0 -	1 ma	250. DATE	REC'D. BY REGISTRAR 25b. R	REGISTRAR'S SI	b-0	
	(VR A15 ME (5))	1	Denos Vaskie	LI EAS	m Il	MAK	4 0 1986 Julia	Lilling door	-gandell	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-02068 CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH DECEASED NAME 25 HOUR 40 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 21 HRS IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR Elec. Engineer Rt. 1Box 31 East St./21654 Hunt see 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MOS NO VRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OF TOWN ir) apinion death occurred on the date and hour and from the couses stated 22c DATESIGNED STAFF DIRECTOR PHYSICIAN Burial 3-25-86 Oxford Cemetery Oxford Talbot Md. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Newnam Funeral Home Easton, Md. 21601 Julia Davidson Mandalle

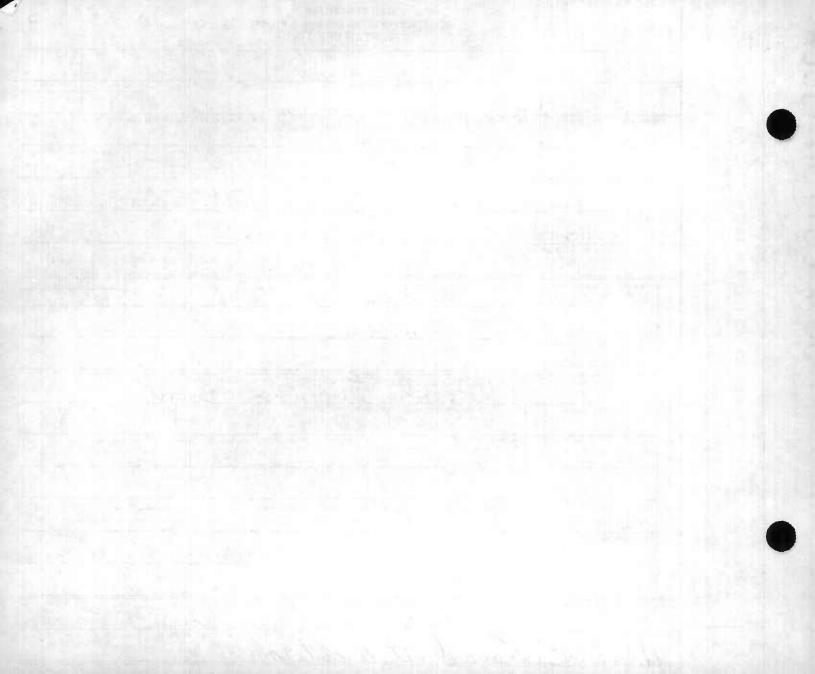
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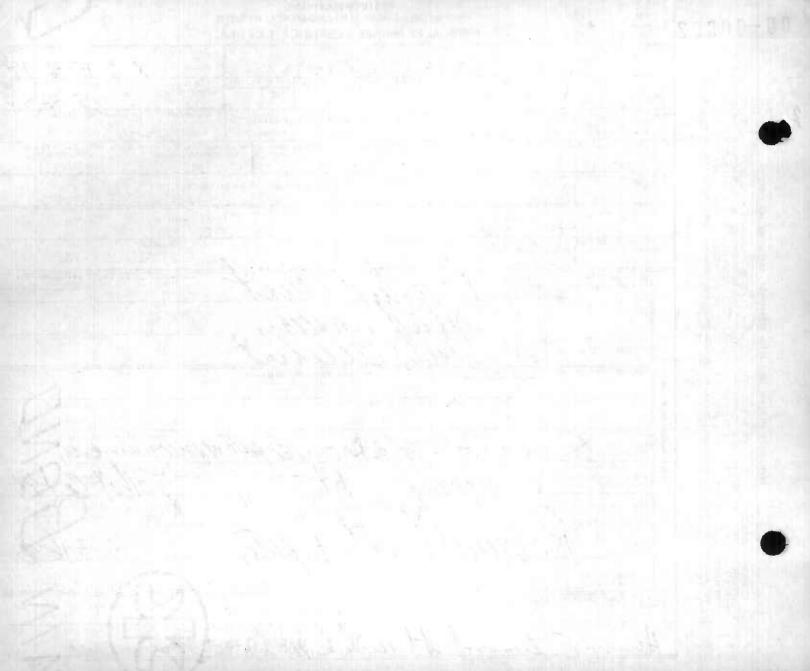
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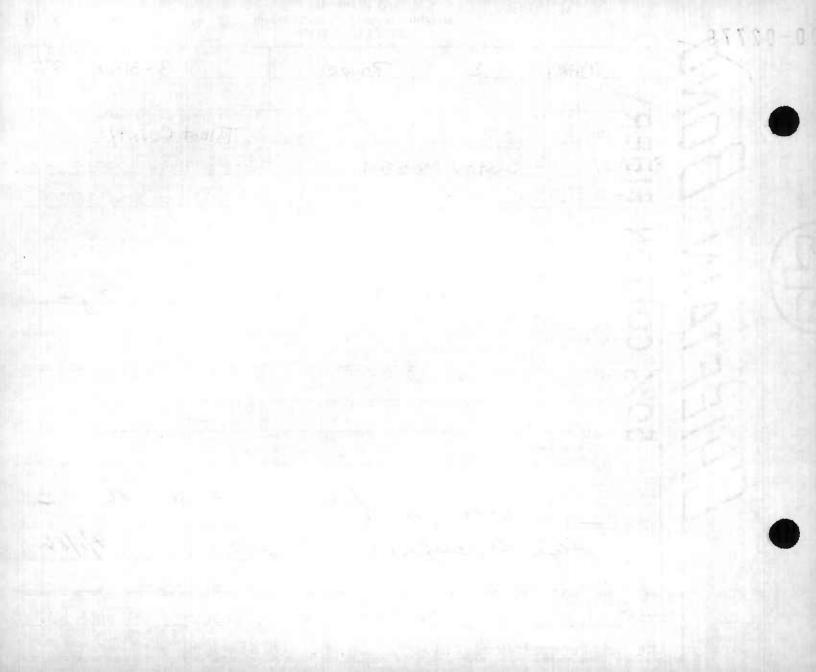
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220 A certify that (1) (this hospital) attended the deceased from 19 20 , to 317 , 19 20 , that (1) (we) lost sow the deceased olive of 317 and that in (my) (our) aprinion death occurred on the date and hour and from the causes stated object. The physician principle of the physician princip	ithing 2 sh	14 F		J-1	- mm r	4.467		15 MOTHER'S MAIDEN NA				
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STATE OF MARYLAND



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	IF ANY DELAY IS NECESSARY, PLEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 5. FOLID BE FILED, WITHIN 72 HOURS. 1. FEG S DS 2201 W PRESTON STREET,	- 19	EASTO	W.T	PT #		VEST OF	FAS	TON			TERMAN	, incl		FOOD	
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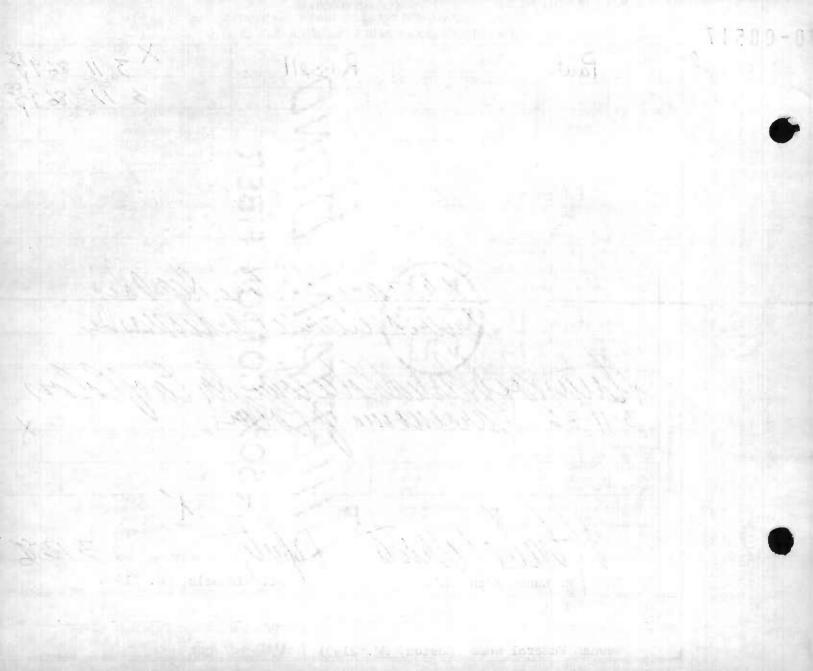




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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME In DATE KNOWN THRE IN PRIVATE OF ESTI-BRODERICK SR. SEX DATE OF BIRTH SF UNDER 24 HRS DATE LAST BRITHDAY PRONOUNCED 12 male caucasian DEAD YRS CITIZEN OF WHAT COUNTRY? * BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Maryland WIDOWED X DIVORCED [M. CITY OR TOWN OF DEATH IF NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17s USUAL OCCUPATION ITTE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Easton Easton Memorial Hospital Painting Foreman Boatvard SLIAL RESIDENCE OF PHININGS 134. INSIDE CITY LIMITS? 134. STREET ADDRESS Rt.1 Box 206/21660 Maryland Caroline Ridgely IS MOTHER'S MAIDEN NAME IA FATHER'S NAME LANC Russell John Thomas Almira Mary Ellison IM SOCIAL SECURITY NO. J. INFORMAN THE WAS DECEASED EVER IN U.S. ARMED FORCES? EVES, INC. OR LINETACIONAL I # YES GIVE WAR OF DATES! 101-14-8822 NO. APPROVIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one course or PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE IS DUE 1 Conditions, if pay, which gave rise to immediate cause (a) stating the under-76 AUTOPSY YES: JRRED: LENTER NATURE OF INJURY IN TEN LE PART L'OR PART 21 HOUR A.M. MONTH DAT YEAR OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME H LOCATION STREET, FACTORY, FARM, ETC.): STREET CITY OF TOWN COUNTY AT WORK AT WORK PAGE 4 SHOULD BE FORM.
TO FUNERAL DIRECTOR: PAFER DEATH WITH THE STA 22s. I certify that 1 tod of described above, held an Autopty Inspection death resulted fro ACTUAL SWINATURE St. Michaels, Md. 21663 Lane Wroth, M.D. ADDRES 734 BURSAL CREMATION REMOVAL 236 DATE 23r: NAME OF CEMETERY OR CREMATOR STATE 3-15-86 Buria Oxford Cemetery Oxford Talbot Md. 07/84 2584 24 FUNERAL DIRECTOR 756 DATE REC'D, BY REGISTRAR 156 REGISTRAR'S SIGNATURE **DHMH - 17** (VR.A15 ME (51) Newnam Funeral Home Easton, Md. 2160



BALTIMORE, MARYLAND 2120

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		No		220-32-8	497	Margaret San	nders, Rt. 2	, Box	14A, P	resto	on.
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7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES C		1?
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOVERDER

Easton 21601

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(SPECIFY)				

23d. LOCATION

Mar. 4,1986 Junior Order Cemetery Burial Preston. Caroline, Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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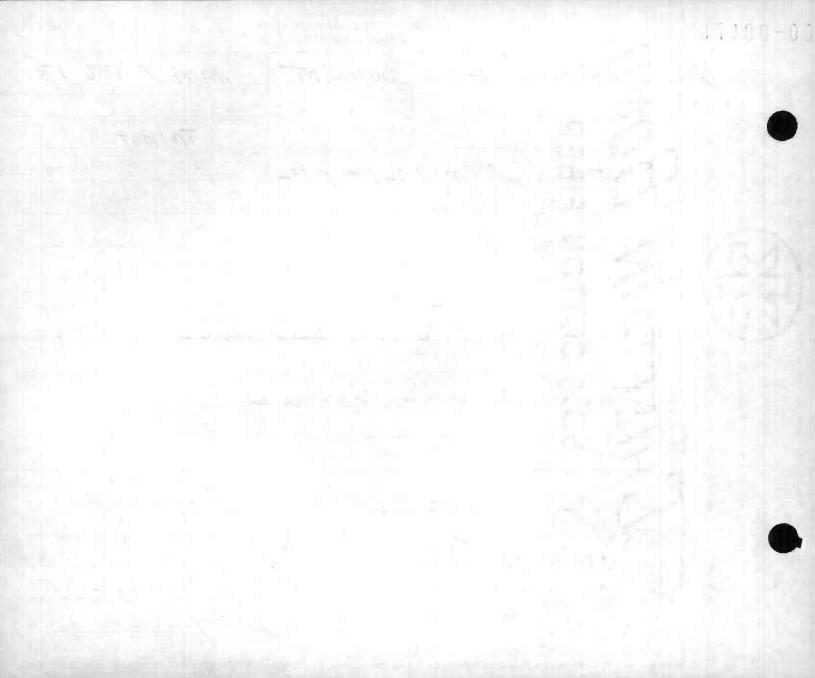
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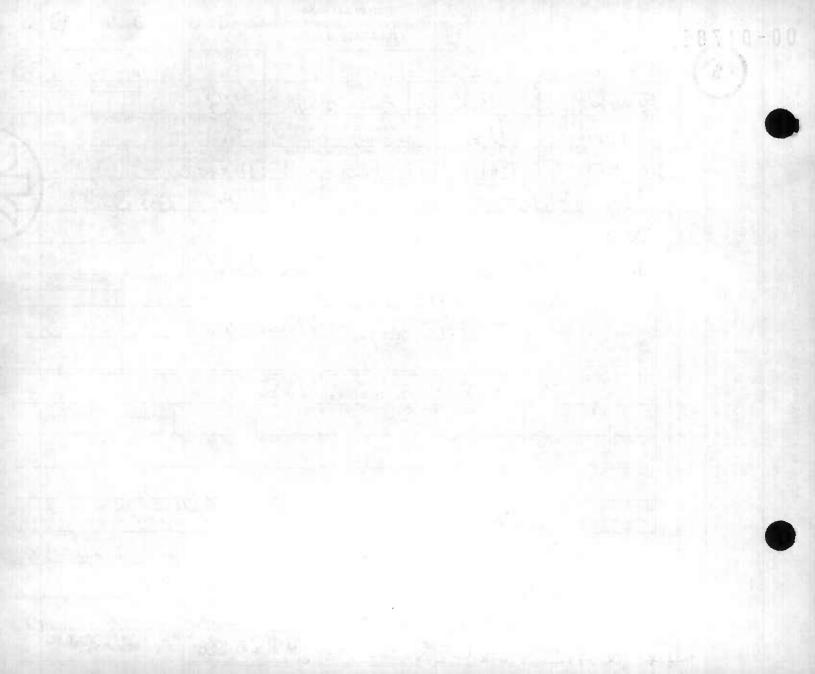
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	James H.	Schmidt	Margaret		Janson
Poges medical	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!		ADDRESS	
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CTOR, A to use of Health	22s.1 certify that (1) (the base size the deceased alive because (1) (w) (did) (did)	oital) attended the deceased from	and that in (my) (pur) opinion	to1 death occurred on the date and haw	9, that (i) (we) last and from the causes stated
PITAL OK. 19 No.	775 SIONATURE	id Bar	ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED
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on. has been it permit. tene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFY II YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN: Till physicial certificate rial-transition ental Hygin Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		t OR PART 2)
G PHYS or this or the burner ond Me ond Me ked or It	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
NDIN I ar a Use os teolth	1/2		al) attended the deceased from 2 2 19 50 to 3/11 19	that (I) (we) last
ATTE Despito defor 1. of H		saw the deceased alive on above, (1) (we) (did) (did not		
SPITAL OR NERAL DIRE be detoche e Stote Dep TANT: If her		22b. SIGNATURE W	Award DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/12/26
HO FU		22d. PHYSICIAN'S NAME (TYPE OF	H WOOD PRINTING EASTON, Md.	
		BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION	COUNTY STATE
BP	284 F	SUSTAL DIRECTOR	3/15/86 Shughtar (pm Fastin 1866, REGISTRAN 1866, REGISTRAN	TH MO
DHMH - 16 60M 7/84 (VRA 15, 4)	K	HIME WILLOW	achee Costanton MAR 26 1986 Julie David	son-Randell



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINTS P. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR TE AR 13 Male White TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Delaware DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farmer Farm UAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Caroline Greensboro NO 305 Academy St. 21639 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Lillie Wheeler Truitt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO WW II 222-10-9896 Mrs. Laura Truitt Greensboro, MD yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for jai, (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X NO

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION

CITY OR TOWN

COUNTY STATE

220 I certify that (1) this haspital) attended the deceased fram bow of Dwn Ldid Add not view the bady after death.

23h DATE

3 - 10 - 86

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

THE PHYSH TAN'S NAME (TYPE OR PRINT

22e ADDRESS

230 BURIAL CREMATION REMOVAL Burial

775 SIGNATUR

Greensboro Cemetery

23d LOCATION

STATE MD

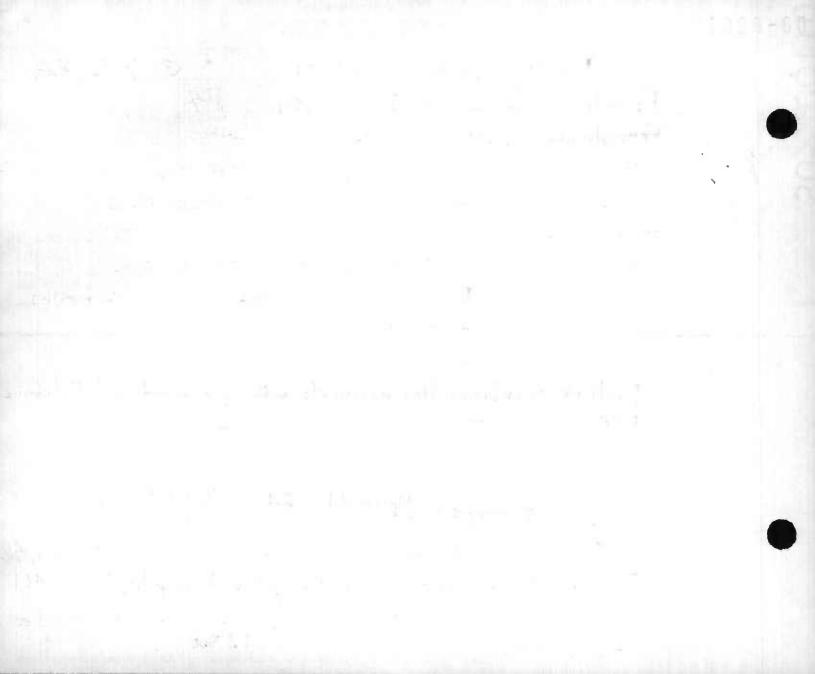
24 FUNERAL DIRECTOR

Greensboro

DHMH - 16 60M 7/84 (VRA 15, 4)

John E. Boulais

Greensboro, MD



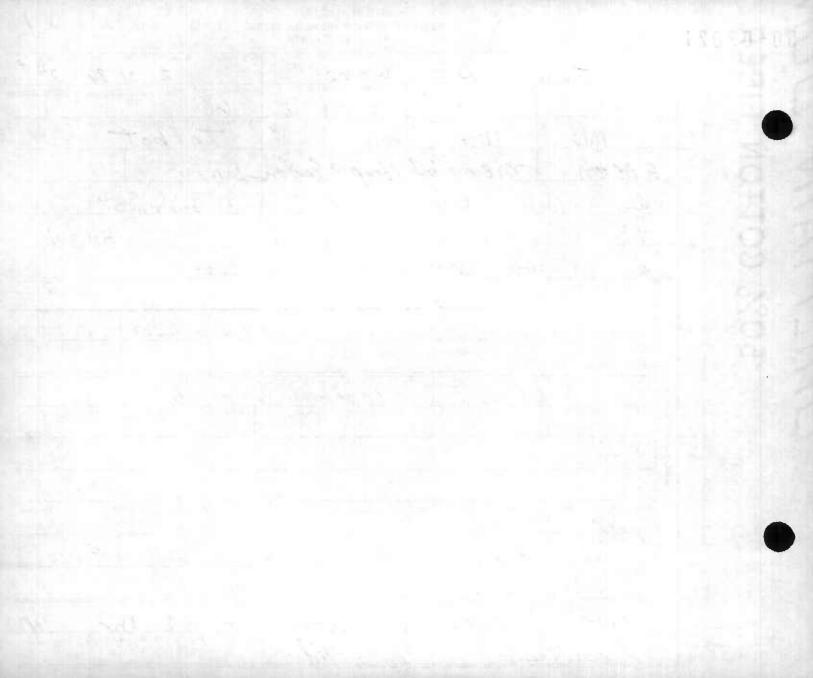
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 072155 L DECEASED NAME 20 DATE KNOWN CTYPE DE PRINTS DEATH MATED 4 RACE 2c. DATE 2d HOU LAST BIRTHDAY PRONOUNCED Oct. 19, 1967 18 YRS Male White DEAD To BIRTHPLACE BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED Seaford, Del. U.SIA TALBOT DIVORCED WIDOWED . 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Student OR INDUSTRY HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION la STATE 113 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? The STREET ADDRESS Caroline Federalsburg Maryland 322 E. Central Avenue YES NO [] 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Franklin Thomas Wallace Sue Ellen Elderkin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Easton. Md. 21601 16b. SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES! 219-70-8512 Sue Ellen Travers, 114 S. Harrison St. 18 CAUSE OF DEATH (Enter only one cause per ling APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUSEALM MONTH DAY HOW NJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2 UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21 PLACE OF INJURY BEET, FACTORY, FARM, ETC.) AT WORK AT WORK 22s. I cortify that I task charter of the remains described above field an death resulted for Midstermined monner ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT TIR BURIAL CREMATION REMOVAL TIR DATE 136 LOCATION 23s. NAME OF CEMETERY OR CREMATORY Burial Hillerest Cemetery 07/84 JUNERAL DIREC MA DATE REC'D. BY REGISTRAR 12th REGISTRAR'S SIGNATUR IVR A15 ME (5)]

STATE OF MARYLAND

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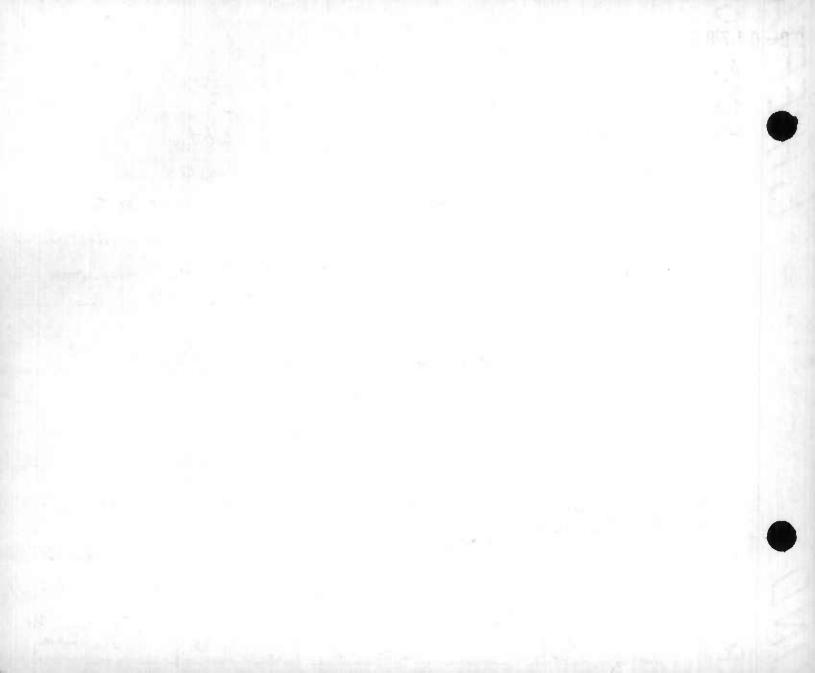
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0-03021	L	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 6 CERTIFICATE OF DEATH REG. NO.	9507
poge 3		CEASED NAME FIRST OR PRINT)	Webb 20. DATE OF DEATH MONTH DAY	86 23
p 4 mo	3 SE	Nale	4 RACE S. DATE OF BIRTH MONTH DAY DAY VEAR O VEAR VE	INDER LYEAR IF UNDER 24 HR
1 135		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED 79 BALTIMORE CITY OR COUNTY OF	DEATH
18		EASTON	MEMORIAS TOP STREET ADDRESS) MEMORIAS TOPO ENTEN LANDER SOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS C INDUSTRY
(1)	130.	136 COU	65T ECISON YES NO 31 Graham	st21601
200		THER'S NAME FIRST	MIDDLE WEST SN AUGUSTA MIDDLE	Porden
Da erred	160	VAS DECEASED EVER IN U.S. AI (ES NO OR UNKNOWN) (IF YES GI	MED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ADDRESS 230.10.4929 VIG/A BOOKS	
profession g physics on poper emovol, event, th		PART I. DEATH WAS CAUSI	nly one couse per line for ey. (b), and icy DBY. TE CAUSE (a) AND	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deuth a otherdin beer corb ban, or bannots		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF LEWS (in Liotas was disease	
that the d by the ease that ol, cretta		gove rise to immediate couse Io1, stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
equires in signe Then pl r to buri injury, o	NOIL	PART 2 OTHER SIGNIFICANT	conditions contributing to death but not related to the terminal disease or condition given deep melling, Cereboors cular accident	IN PART 1(0
The low roon. those bee it permit. inene prior nows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WIN CERTIFYIN YES NO YES	ERE FINDINGS USED G CAUSES OF DEATH? NO
IYSICIAN TI ding physicia s certificate buriol-tronsit Mental Hygin rr Item 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIEY MEDICAL EXAMINE	HOUR A.M. MONTH DAY YEAR	OR PART 2)
NG PHYS offer this os the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
R ATTENDII hospital or IRECTOR: A hed for use ept. of Healt		suw the deceased alpe of	tol) attended the deceased from	that (1) (we) lo
the the First		226 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	4, 1.86
O HOSPITAL etoined by th TO FUNERAL should be deto with the State MAPORTANT:		THE PHYSICIAN'S NAME (TITE)	Crowley 220 ADDRESS Easton, MD	
BP		Buria P		SUNTY STATE
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-00943 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-HISLOP eaman 6. AGE IN YEARS 4. RAC 5. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) PRONOUNCED AUG. 14, 1908 77 DEAD MALE CAUC 76 CITIZEN OF WHAT COUNTRY? JA BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. TALBOT PENNA. WIDOWED XX DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ST. MICHAELS MEDICAL DOCTOR RT# 33 EAST OF ST. MICHAELS SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY ISC CITY OF TOWN 13e STREET ADDRESS ST. MICHAELS MESK NO 408 WATER ST. 21663 MARYLAND TALBOT IS MOTHER'S MAIDEN NAME MIDIDLE AHDDIJE DAVID B. YEAWAN JANET HISLOP 21632 IAN WAS DECEASED EVER IN U.S. ARMED FORCEST III SOCIAL SECURITY NO. ADDRESS MRS. BILLIE WEIR FEDERALSBURG, Md. YES 162-30-4458 WW II 18. CAUSE OF DEATH (Enter only one couse of APPEDEMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate course (a) stating the under lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT (21a EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING CONTRIBUTING CAUSE OF DEATH 216 INJURY OCCURRED WHILE NOT WHILE 220. I certify that I took charge of Autopsy Inspection and in my opinion death resulted from Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER R. LANE WROTH M.D. ST. MICHAELS, MARYLAND EXAMINER'S NAME 21663 (TYPE OR PRINT) ADDRES: VARCH 15, 1986 OLIVET CEVETERY 23a BURIAL, CREMATION, REMOVAL 23b DATE THE LOCATION BURIAL TALBOT ST. MICHAELS. Wd. 07/84 25M FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR LIM REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

